Essential #3:
An Office Reminder System

A. Options For Patients:
Education and Cues to Action

B. Options For Physicians

- Chart Prompts
- Audits and Feedback
- Ticklers and Logs
- Staff Assignments

What Strategies Directed at Patients Can Achieve:[89,90]

Office Strategies	Screening Rate Improvement	Comment
Patient education based on a communication theory (i.e., health belief model, stages of change model)	24%	Compared to usual care control group
Cues or office stimuli, like prescriptions, telephone reminders, and letters from clinicians	13%[91]-17.6%[92]	Two options work better than one.
Patient education based on a theory and delivered actively, by telephone or in-person	8%	Compared to active controls*****
Patient education based on a communication theory but not delivered actively	.4%	Compared to active controls
Generic education not based on a communication theory	0%	

Source: Yabroff KR, Mandelblatt JS (1999) (See reference #89) and Legler J, Meissner HI, Coyne C, et. al. (2002) (See reference #90)

Examples of theory-based models of education include the Health Belief Model, Social Cognitive Theory, and Stages of Intention.

***** Active controls receive an alternate and often simpler intervention. Passive controls receive usual care only.

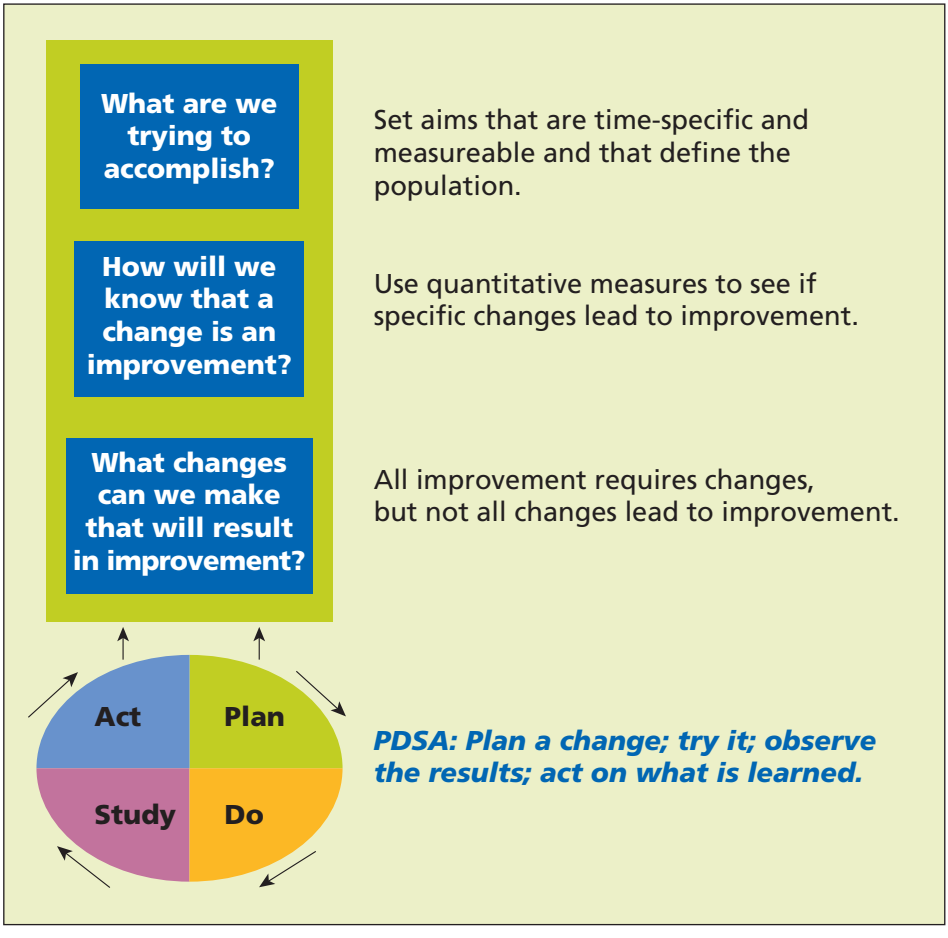
What Strategies Directed at Providers Can Achieve:[93]

Strategies	Screening Rate Improvement*****
Use of "behavioral" innovations like reminders or office system prompts	13.2%
Use of "cognitive" approaches to produce feedback to physicians, such as audits, or providing focused education after assessing knowledge	18.6%
Use of "sociologic" strategies to better use nurses or change staff roles	13.1%
Use of a combination of both cognitive and behavioral approaches	21

Source: Yabroff KR, Mandelblatt JS (1999) (See reference #89) ; Mandelblatt JS, Kanetsky PA (1995) (See reference #95)

Staff can help boost screening rates by encouraging screening or even initiating the process. You can empower them to do this.[136] The changes you make will constitute a reminder system. This section presents two different models for making changes – Model A and Model B. Both have been developed by organizations that promote quality improvement and have provided assistance to federal programs. Both are accessible over the Internet. The first model, presented in a flow diagram, is offered by the Institute for Healthcare Improvement.[137] The second is presented in text form by an organization known as Lumetra.[138]

Model A. This model has two parts. The first part poses three questions that can be asked in any order. One question is in each of the square boxes in the diagram below. The second part is the "Plan-Do-Study-Act (PDSA)" cycle for testing and implementing change. The PDSA cycle helps you test the change to see if it is an improvement or not. A diagram of the model is depicted below.



Source: www.ihi.org/IHI/Topics. accessed May 2004.

Model B. This model is a step-by-step guide to help you establish a reminder system. An organized system is needed in every office to remind patients and providers of the need for CRC screening services. The reminder system can save time and effort, improve health outcomes, and help meet guidelines and regulatory requirements. It can also be the most cost-effective approach.[139] It is important to plan, implement, and follow up on the changes.

1. Plan

A. Evaluate the current system. (See sample chart audit pages in Appendix D.)
B. Include office staff as part of the planning team.
C. Establish shared goals for improving screening rates.
D. Determine new procedures.
E. Assign roles and responsibilities to team members.[†††††††]

2. Implement

A. Implement the new roles and responsibilities.
B. Meet regularly to identify and solve problems.

3. Follow up

A. Track the changes.

These are examples of possible changes to a visit:

1. **While in the waiting room:**
   - The patient may be asked to complete a questionnaire to provide information on risk status, screening history, and attitudes.
   - Place informative and attractive office posters or fliers in the waiting room or exam rooms as an expression of your own policy and as cues to action.
   - Customize the use of educational materials, instructional materials, and reminder tools to suit your practice needs.
2. **At patient check-in:**
   - Have staff ask about preventive care and highlight services that are needed or past due.
   - Use preventive care flow sheets and reminder chart stickers.
3. **During the visit:**
   - Ask patients about family history and previous screening.
   - Let your patients know that getting CRC screening can prevent cancer and save lives.
   - Schedule screening before the patient leaves the office.
4. **At checkout:**
   - Have patients fill out reminder cards. File reminder cards by the month and year of planned notification.
5. **Communication beyond the office:**
   - Contact patients in need of preventive services for the following month.
   - Send patients a stool blood test in the mail in anticipation of a visit.

Tracking patient compliance assures that the changes achieve what is intended. Here are suggestions for techniques:

- On a periodic basis, pull charts of patients in the "screening completed" file to see if results are on the chart.
- Track patient compliance by phone to verify screening or provide a reminder for those who were given a referral. If screening is already done, mark this on the tracking sheet or place a copy of the results in a "screening completed" file.
- Perform ongoing preventive service assessments at the time of the visit and document them.
- Use patient personal health record booklets and encourage all patients to bring their records to every visit.

Appendix D: Tools

I. Phone Scripts, Reminder Letters, Postcards
II. Preventive Services Schedules
III. Audit and Tracking Sheets
IV. Brochures, Pamphlets, Posters

I. Phone Scripts, Reminder Letters, Postcards

gFOBT/FIT Follow-up Phone Script for Average-Risk Individuals

Introduction:

Good morning/afternoon. May I speak with _____?
(Note: Due to HIPAA regulations, the conversation should not proceed unless speaking directly with the patient.)

My name is _____ and I am calling from _____ .

You recently received a stool test for colon cancer screening.

Did you have any questions about the test?

We are calling everyone who received one of these to see if there is any way we can help you complete the test.

1. **"Have you had the chance to complete and mail your kit?"**

   If the answer is YES, get the approximate date to ensure that the test will be valid, and get the approximate date of receipt. Thank the participant and let him or her know that you will mail them the results.

   If the answer is NO, ask the following question.

   Mr./Ms._____, is there any reason why you have not completed your kit? (Document reason; possible reasons are listed below.)

   - ☐ Diet and drug restrictions
   - ☐ Test is difficult and disgusting.
   - ☐ Haven't had the time
   - ☐ Changed my mind
   - ☐ Received other colorectal cancer testing
   - ☐ Believe it is not effective way of screening
   - ☐ Health insurance/doctor

Source: Maryland State Cancer Program, adapted from materials of the Montgomery County Cancer Crusade, 2001.

2. **Emphasize the benefits of screening and program services.**

   "Colorectal cancer can affect anyone – men and women alike – and your risk increases with age. Colorectal cancer is highly preventable, treatable, and often curable. There are several screening tests for colorectal cancer. These tests not only detect colorectal cancer early, but also can prevent colorectal cancer.

   Beginning at age 50, men and women should be screened regularly for colorectal cancer. If you have a personal or family history of colorectal cancer or colorectal polyps, or personal history of another cancer or inflammatory bowel disease, you should begin screening earlier.

3. **If patient indicates that he or she prefers a colonoscopy, ask "Do you have health insurance?"**

   If he or she is insured, suggest a visit to an endoscopist (gastroenterologist or general surgeon) for a colonoscopy. If he or she does not know a gastroenterologist, give physician referral phone number and appropriate form.

   If he or she is uninsured, encourage him or her to follow through with a stool blood test.

   Mr./Ms._____ Thank you for your time today.

   Do you have any questions? If you need further assistance completing your kit or have any questions, please give us a call at_____ .

Note: Please document and track these conversations.

Follow-up Phone Script for Individuals at Increased Risk

Introduction:

Good morning/afternoon. May I speak with _____ DOB: _____
(Full Name)

(Note: Due to HIPAA regulations, the conversation should not proceed unless speaking directly with the patient.)

My name is _____ and I am calling from _____ .

You recently received a referral for a colonoscopy screening test for colon cancer.

Did you have any questions about the test?

We are calling to see if there is any way we can help you get screening for colorectal cancer.

1. **"I see that on the form you filled out, you checked off." (Confirm their response.)**

   ☐ Family history of colorectal cancer or polyps – specify: _____
   ☐ Personal history of colorectal cancer or polyps – specify: _____
   or *inflammatory bowel disease – specify: _____

2. **"Can you tell me more about your history (family history) or symptoms?"**

   Assess the history or symptoms for significance. (Significant personal or family history is an adenomatous polyp or colorectal cancer in one first-order relative under age 60 or more than one first- or second-degree relative over age 60, or a personal history of inflammatory bowel disease such as Crohn's disease or ulcerative colitis* for more than eight years.)

3. **"Because of your history/family history/symptoms, we recommend that you have a colonoscopy for proper screening."**

4. **If the person needs more motivation, emphasize the benefits of screening.**

   "Colorectal cancer can affect anyone – men and women alike – and your risk increases with age. Colorectal cancer is highly preventable, treatable, and often curable. Most colorectal cancers cause no symptoms in the early stages, which is why screening is so important. There are several screening tests for colorectal cancer. These tests not only detect colorectal cancer early but can also prevent colorectal cancer. Beginning at age 50, men and women should be screened regularly for colorectal cancer. If you have a personal or family history of colorectal cancer or colorectal polyps, or a personal history of an inflammatory bowel disease, you should begin screening earlier."

   * Inflammatory bowel disease – ulcerative colitis, Crohn's disease

Source: Maryland State Cancer Program, Montgomery County Cancer Crusade, 2001.

5. **"Have you heard about the colonoscopy (or other procedures)?" Discuss as appropriate.**

   If further assessment indicates that the individual is at increased risk or has significant symptoms, continue to encourage a colonoscopy.

6. **"Do you have health insurance? Do you have a gastroenterologist or surgeon who does colonoscopy?"**

   Respond as appropriate with suggestions and problem solving. **If the person is uninsured,** explore alternative options that are available. The office should determine in advance what these options might be.

   Mr./Ms._____ Thank you for your time today.

   Do you have any questions? If you need further assistance or have any questions, please give us a call at_____ .

Letter to Patient at Average Risk

Main Street Medical

Date

Name
Street
City

Dear (Name):

Our office has made a commitment to promote the health of its members, and to provide education regarding preventive health measures that you can take to maintain a healthy lifestyle. Our records indicate that you are either overdue for colorectal cancer screening tests, or that you have never had a colorectal cancer screening test.

I am writing to ask you to call our office today to schedule a colorectal cancer screening appointment. By getting colorectal cancer screening tests regularly, colorectal cancer can be found and treated early when the chances for cure are best. Many of these tests can also help prevent the development of colorectal cancer.

The American Cancer Society and a number of other major medical organizations recommend that average-risk individuals choose one of the following options for colorectal cancer screening. Screening should begin at age 50.

Tests That Find Polyps and Cancer

- Flexible sigmoidoscopy every 5 years*, or
- Colonoscopy every 10 years, or
- Double-contrast barium enema every 5 years*, or
- CT colonography (virtual colonoscopy) every 5 years*

Tests That Primarily Find Cancer

- Yearly fecal occult blood test (gFOBT)*,**, or
- Yearly fecal immunochemical test (FIT)*,**, or
- Stool DNA test (sDNA), interval uncertain*

* If the test is positive, a colonoscopy should be done.

** The multiple stool take-home test should be used. One test done by the doctor in the office is not adequate for testing. A colonoscopy should be done if the test is positive.

The tests that are designed to find both early cancer and polyps are preferred if these tests are available to you and you are willing to have one of these more invasive tests. Talk to your doctor about which test is best for you.

We have also included for your reference an informational pamphlet on colorectal cancer. Should you have any questions about this pamphlet or colorectal cancer screening tests, please contact us. Thank you for taking time to take care of your health.

Sincerely,

Enclosure: *Colorectal Cancer Screening Brochure*

Reminder Letter to Patient at Average Risk

MAIN STREET MEDICAL

Date

Name
Street
City

Dear (Name):

Colorectal cancer is the second leading cause of cancer death among men and women in the United States. The good news is that this disease can be prevented. Screening tests are vital to preventing colorectal cancer because they can detect precancerous polyps that can be removed easily with routine procedures. Lifestyle changes, such as improving diet and increasing physical activity, can also reduce the risk of cancer.

Like many people, you are at risk for colorectal cancer. I am writing to remind you to call your primary care physician today to schedule a colorectal cancer screening appointment. By getting colorectal cancer screening tests regularly, colorectal cancer can be found and treated early when the chances for cure are best.

Please read the enclosed brochure to learn about colorectal cancer screening. If you'd like to know more about colon cancer and the testing process, I would be happy to talk with you about it further. You can also call the American Cancer Society at 1-800-ACS-2345 or visit www.cancer.org. Whatever your next step, I hope you'll schedule your next screening test soon. It just might save your life.

Sincerely,

Enclosure: *Colorectal Cancer Screening brochure*

Reminder Fold-Over Postcard

Main Street Medical

Date

Dear (Name):

Colon cancer is the second leading cause of cancer-related deaths in the United States, and men and women are equally at risk. The good news is that colon cancer can be prevented or detected early and death from colon cancer can be prevented if screening is done on a regular basis.

Our records indicate that it is time for your annual physical and cancer screening. Please call your primary care physician, at XXX-XXX-XXXX so that you can schedule an appointment at your earliest convenience.

Sincerely,

Letter to Patient at Increased or High Risk

Main Street Medical

Date

Name
Street
City

Dear (Name):

According to our records, you indicated that either you or a family member who is under age 60 has a history of colorectal polyps or cancer. This medical history places you at increased risk for colorectal cancer. Because of this, it is advisable that you have a colonoscopy now.

Colonoscopy is the only method of screening recommended for individuals like you who are known to be at increased risk for colorectal cancer. Even if you had a negative stool blood test or other screening test for colorectal cancer, you still need a colonoscopy.

A colonoscopy is a procedure that must be done by a gastroenterologist or a surgeon at an endoscopy center or hospital. This test will allow a doctor to look inside the entire colon (large intestine) to check for a polyp or cancer.

If you do not have health insurance, please do not let this keep you from getting a colonoscopy. We can assist you with scheduling a colonoscopy or finding a doctor who will see you. Please call _____to set up an appointment, if you have questions.

If you have private health insurance (Medicare or Medicaid), our office will refer you for a colonoscopy. To obtain the referral, call or take this letter with you to your next doctor's appointment.

Thank you for taking care of your health and following through on this important test.

Sincerely,

Medical Director

Result Letter: Patient Who Has a Positive Screening Result

Note that this letter is for stool blood test, but a similar letter should be sent for patients with positive stool DNA, CT colonography, double-contrast barium enema, or flexible sigmoidoscopy.

Main Street Medical

Date

Name
Street
City

Dear _____,

We wanted to congratulate you on successfully completing the stool blood test. The results of your test for colon and rectal cancer screening showed that you may have blood in your stool and that further testing is needed.

You now need a colonoscopy to look for a possible source of the bleeding and to determine if a polyp or cancer is present. Usually there is no serious problem. If a precancerous growth is found, it can be removed to prevent cancer. However, cancer is one of the potential causes for your bleeding and we want to be very careful to rule out this possibility. A colonoscopy is a procedure that must be done by a doctor at an endoscopy center or a hospital. This test will require that you have anesthesia and will allow a doctor to look inside your entire large intestine to check for a growth or a polyp or cancer. The doctor will explain the colonoscopy results to you after the test.

We can assist you with scheduling a colonoscopy. Please call or visit our office at _____ to obtain a referral or set up an appointment. Also, please take this letter with you to your next doctor's appointment.

Thank you for following up on your health care needs. I am enclosing a brochure that describes colonoscopy. We have a videotape available if you would like to view it.

Sincerely,

Medical Director

Enclosure

II. Preventive Services Schedules*

* To remain up to date, see www.preventiveservices.ahrq.gov.

Adult Female Age 50 to 65 Preventive Care Flow Sheet

PATIENT NAME_____
DOB_____/_____/_____

Put Prevention Into Practice

DATE																				
HEALTH GUIDELINES		**50**	**51**	**52**	**53**	**54**	**55**	**56**	**57**	**58**	**59**	**60**	**61**	**62**	**63**	**64**	**65**	**66**	**67**	**68**
Abuse																				
Advance directives																				
Breast self-exam																				
Calcium																				
Dental health																				
Drugs/alcohol																				
Estrogen																				
HIV/AIDS																				
Injuries																				
Mental health/depression																				
Nutrition																				
Occupational health																				
Physical activity																				
Sexual behavior																				
Tobacco																				
UV exposure																				
Violence & guns																				
✔ = Discussed w/ patient																				

EXAMINATION & TESTS		**50**	**51**	**52**	**53**	**54**	**55**	**56**	**57**	**58**	**59**	**60**	**61**	**62**	**63**	**64**	**65**	**66**	**67**	**68**
Height, weight	Each visit																			
Blood pressure	Each visit																			
Skin, oral, thyroid exam																				
Pelvic/PAP																				
STD screening	Sexually active																			
Rectal exam																				
Stool test (home)	Annual ≥50y																			
Breast exam	Annual																			
Mammogram	Annual																			
Flex, Sig, CTC, DCBE	≥50y q5y																			
Colonscopy	≤50y q 10 or high risk																			
Vision, glaucoma screen																				
Cholesterol/lipid profile	q5y																			
Glucose, fasting	q5y																			
Urinalysis	q5y																			
TB skin test	High risk: annual																			
Other																				

IMMUNIZATIONS*		**50**	**51**	**52**	**53**	**54**	**55**	**56**	**57**	**58**	**59**	**60**	**61**	**62**	**63**	**64**	**65**	**66**	**67**	**68**
Td	q10y																			
Influenza	Annual																			
Pneumovax	>65y or high risk																			
Hepatitis B	High risk																			

O = Ordered, N = Normal, A = Abnormal Result, R = Refused, E = Done Elsewhere

Source: Adopted from Moser SE, Goering TL. Implementing preventive care flow sheets. *Fam Pract Manage.* February 2001:51-53.
Flow sheet developed by Wesley Medical Center, Wichita, Kan.; adapted from Put Prevention Into Practice, Office of Disease Prevention and Health Promotion, Public Health Service.

* For current recommendations of immunization practices, go to www.cdc.gov

Adult Female Over 65 Preventive Care Flow Sheet

PATIENT NAME_____
DOB_____/_____/_____

Put Prevention Into Practice

DATE																				
HEALTH GUIDELINES		**AGE**																		
Abuse																				
Advance directives																				
Breast self-exam																				
Calcium																				
Dental health																				
Drugs/alcohol																				
Estrogen																				
HIV/AIDS																				
Injuries																				
Mental health/depression																				
Nutrition																				
Occupational health																				
Physical activity																				
Sexual behavior																				
Tobacco																				
UV exposure																				
Violence & guns																				
✔ = Discussed w/ patient																				

EXAMINATION & TESTS																				
Height, weight	Each visit																			
Blood pressure	Each visit																			
Skin, oral, thyroid exam																				
Pelvic/PAP																				
STD screening	Sexually active																			
Rectal exam																				
Stool test (home)	Annual ≥50y																			
Breast exam	Annual																			
Mammogram	Annual																			
Flex, Sig, CTC, DCBE	≥50y q5y																			
Colonscopy	≤50y q 10 or high risk																			
Vision, glaucoma screen																				
Cholesterol/lipid profile	q5y																			
Glucose, fasting	q5y																			
Urinalysis	q5y																			
TB skin test	High risk: annual																			
Other																				

IMMUNIZATIONS*																				
Td	q10y																			
Influenza	Annual																			
Pneumovax	>65y or high risk																			
Hepatitis B	High risk																			

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* For current recommendations of immunization practices, go to www.cdc.gov

Adult Male Age 50 to 65 Preventive Care Flow Sheet

PATIENT NAME_____
DOB_____/_____/_____

Put Prevention Into Practice

DATE																				
HEALTH GUIDELINES		**50**	**51**	**52**	**53**	**54**	**55**	**56**	**57**	**58**	**59**	**60**	**61**	**62**	**63**	**64**	**65**	**66**	**67**	**68**
Abuse																				
Advance directives																				
Aspirin																				
Dental health																				
Drugs/alcohol																				
HIV/AIDS																				
Injuries																				
Mental health/depression																				
Nutrition																				
Occupational health																				
Physical activity																				
Sexual behavior																				
Testicular self-exam																				
Tobacco																				
UV exposure																				
Violence & guns																				
✔ = Discussed w/ patient																				

EXAMINATION & TESTS		**50**	**51**	**52**	**53**	**54**	**55**	**56**	**57**	**58**	**59**	**60**	**61**	**62**	**63**	**64**	**65**	**66**	**67**	**68**
Height, weight	Each visit																			
Blood pressure	Each visit																			
Skin, oral, thyroid exam																				
Rectal prostate exam	annual ≥40 y																			
Stool test (home)	Annual ≥50y																			
Testicular exam																				
STD screening	Sexually active																			
Flex, Sig, CTC, DCBE	≥50y q5y																			
Colonscopy	≤50y q 10 or high risk																			
Vision, glaucoma screen																				
Cholesterol/lipid profile	q5yr																			
Glucose, fasting	q5y																			
TB skin test	High risk: annual																			
PSA	FH-: qy ≥ 50, FH+: qy ≥ 40																			

IMMUNIZATIONS*		**50**	**51**	**52**	**53**	**54**	**55**	**56**	**57**	**58**	**59**	**60**	**61**	**62**	**63**	**64**	**65**	**66**	**67**	**68**
Td	q10y																			
Influenza	Annual																			
Pneumovax	>65 or high risk																			
Hepatitis B	High risk																			

O = Ordered, N = Normal, A = Abnormal Result, R = Refused, E = Done Elsewhere

Source: Adopted from Moser SE, Goering TL. Implementing preventive care flow sheets. *Fam Pract Manage.* February 2001:51-53.
Flow sheet developed by Wesley Medical Center, Wichita, Kan.; adapted from Put Prevention Into Practice, Office of Disease Prevention and Health Promotion, Public Health Service.

* For current recommendations of immunization practices, go to www.cdc.gov

Adult Male Over 65 Preventive Care Flow Sheet

PATIENT NAME_____
DOB_____/_____/_____

Put Prevention Into Practice

DATE																				
HEALTH GUIDELINES		**AGE**																		
Abuse																				
Advance directives																				
Aspirin																				
Dental health																				
Drugs/alcohol																				
HIV/AIDS																				
Injuries																				
Mental health/depression																				
Nutrition																				
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Sexual behavior																				
Testicular self-exam																				
Tobacco																				
UV exposure																				
Violence & guns																				
✔ = Discussed w/ patient																				

EXAMINATION & TESTS																				
Height, weight	Each visit																			
Blood pressure	Each visit																			
Skin, oral, thyroid exam																				
Rectal prostate exam	Annual																			
Stool test (home)	Annual ≥50																			
Testicular exam																				
STD screening	Sexually active																			
Flex, Sig, CTC, DCBE	≥50y q5y																			
Colonscopy	≤50y q 10 or high risk																			
Vision, glaucoma screen																				
Cholesterol/lipid profile	q5yr																			
Glucose, fasting	q5y																			
TB skin test	High risk: annual																			
PSA	FH-: qy ≥ 50, FH+: qy ≥ 40																			

IMMUNIZATIONS*																				
Td	q10y																			
Influenza	Annual for > 65y																			
Pneumovax	>65 or high risk																			
Hepatitis B	High risk																			

O = Ordered, N = Normal, A = Abnormal Result, R = Refused, E = Done Elsewhere

Source: Adopted from Moser SE, Goering TL. Implementing preventive care flow sheets. *Fam Pract Manage.* February 2001:51-53.
Flow sheet developed by Wesley Medical Center, Wichita, Kan.; adapted from Put Prevention Into Practice, Office of Disease Prevention and Health Promotion, Public Health Service.

* For current recommendations of immunization practices, go to www.cdc.gov

III. Audit and Tracking Sheets

Chart Audit SAMPLE Template[b]

					FOBT/FIT			Flex Sig/CTC/DCBE			Colonoscopy			
Name ID	Date	Gender Race Ethnicity	Screen Choice FOBT/FIT, FS, CS, CTC, DCBE	FOBT/FIT Return Test Completed Y/N	Result	Result Date	Flex Sig CTC/DCBE Test Completed Y/N	Result	Result Date	CS Completed Y/N	Result	Result Date	Diagnosis

Source: Adapted from materials developed by the Maryland Department of Health and Mental Hygiene Cancer Prevention Education Screening and Treatment Program.

IV. Brochures, Pamphlets, Posters

Resources

From the Centers for Disease Control and Prevention
http://www.cdc.gov/cancer/colorectal/

Fact sheets:
- Questions to Ask Your Doctor
- Screening Tests
- Screening Guidelines
- Insurance and Medicare

Brochures:
- Colorectal Cancer Screening Saves Lives
- Screen for Life Facts for People with Medicare Colorectal
- Cancer Screening: A Circle of Health for Alaskans
- Screen for Life Health Professionals Facts on Screening

From the National Cancer Institute
http://www.cancer.gov/cancertopics/types/colon-and-rectal

Booklet:
- What you need to know about cancer of the colon and rectum (also available in Spanish)

From the Foundation of Digestive Health and Nutrition
http://www.fdhn.org/wmspage.cfm?parm1=210

Fact sheet:
- Colorectal Cancer Fact Sheet

Brochure:
- Women and Colorectal Cancer; also available in Spanish

From the Prevent Cancer Foundation
http://preventcancer.org/colorectal3c.aspx?id=1036

Fact Sheets:
- Colorectal Cancer (also available in Spanish)

From the American Cancer Society
http://www.cancer.org/colonmd

Clinician's Information Source:
- Brochures, DVDs, wall charts

http://caonline.amcancersoc.org/cgi/content/full/57/6/354

• Journal article summarizing this guide

http://caonline.amcancersoc.org/cgi/content/full/CA.2007.0017v1

• Journal article summarizing recent Colorectal Guidelines

From the Agency for Healthcare Research and Quality

http://www.ahrq.gov/ppip/healthymen.htm
http://www.ahrq.gov/ppip/healthywom.htm

Health Checklist

• Health Checklist for men and women